

MEDICINE

Mold Remedy No Cure-All

There are a few known conditions for which streptomycin is effective but whether to use it is still a problem because this remedy is so new.

► IF you get tularemia, or rabbit fever, your doctor will almost certainly give you streptomycin. But if you get typhoid fever, he will not give you streptomycin. And if you get a blood stream infection or blood poisoning from a hemolytic streptococcus germ, he will give you penicillin.

The average layman, having read much about streptomycin, the powerful mold remedy, is likely to expect his doctor to prescribe it for almost any ailment. The average physician may at times be perplexed over whether to give or not to give streptomycin. The reason for the physician's perplexity is that this remedy is so new its exact place as a medicine has not yet been completely determined.

To help the physician, the *Journal of the American Medical Association* (Nov. 29) lists diseases and infections for which streptomycin is and is not good medicine.

The conditions for which streptomycin is effective almost all have long, unfamiliar names. They include, besides tularemia, urinary tract infections, wound infections and bacteremias (blood stream infections) due to *Escherichia coli*, *Bacillus proteus*, *Pseudomonas aeruginosa*, and *Aerobacter aerogenes*; plague; meningitis due to all gram-negative bacilli; infections due to *Klebsiella pneumoniae*, and *Shigella dysenteriae*.

Streptomycin is reported occasionally effective, but penicillin is the drug of choice, in bacteremia and septicemia due to hemolytic streptococci; endocarditis (a kind of heart disease) due to green-producing streptococci; *Staphylococcus aureus* and *albus* infections, and anthrax.

Penicillin is not the drug of choice for diphtheria. Streptomycin may be effective, but is powerless against the toxin, so anti-toxin should always be the primary treatment.

Streptomycin is partially effective but the extent of its usefulness is still undetermined in whooping cough, tuberculosis, leprosy and gonorrhoea.

Streptomycin is generally not to be used at present in typhoid fever, paratyphoid fever, amebic dysentery, undulant fever, toxoplasmosis, histoplasmosis, acute rheumatic fever, disseminated lupus erythematosus, localized lupus erythematosus, infectious mono-nucleosis, pemphigus, acute and chronic leukemia, ulcerative colitis, coccidioidomycosis, malaria, poliomyelitis and all other virus infections, blastomycosis, moniliasis, and syphilis.

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MEDICINE

Vitamin K Aids Chilblains

► NEW treatment for chilblains that your doctor may be using this winter consists in doses of vitamin K, the anti-bleeding vitamin. Favorable results with a trial of this treatment during the prolonged spell of severe weather in England last winter are reported by an English physician, Dr. D. P. Wheatley, in the *British Medical Journal* (Nov. 1).

Factor predisposing to chilblains are believed to be defective circulation in the extremities, increased permeability of the walls of the blood vessels and lessened clotting ability of the blood, Dr. Wheatley points out. Since these same abnormalities are present in per-

sons deficient in vitamin K and are corrected by giving the vitamin, he thought it logical to try the vitamin as a remedy for chilblains.

One of his patients was a 37-year-old man who had suffered from chilblains "ever since he could remember." No other remedy had helped and when Dr. Wheatley saw him all his fingers and toes were dusky red and swollen, with signs of ulcers on several of the toes. He was given one injection into his muscles of a synthetic vitamin K. A week later he reported in delight that for the first time he had obtained relief from the chilblains. His fingers were nor-

mal and the toes had only a slight swelling left.

Complete relief of signs and symptoms was obtained in another three patients and improvement in four more. Although giving the vitamin by injection was considered better than giving it by mouth, the injections caused considerable pain and had to be abandoned.

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ZOOLOGY

Odd Newcomers Are Received by Chicago Zoo

► LIZARDS that walk on water and three-toed sloths are the oddest newcomers to the Chicago Park District's Lincoln Park Zoo, which boasts a new assortment of nearly 170 specimens from Central America.

The lizards, about two feet long, are basilisk lizards which have a sort of skimming walk as they travel over the water. Spanish-speaking natives call them "Jesus Christo." They live in trees and along the banks of streams in their native Central American habitat.

Sloths, the "upside down animals," come in both two-toed and three-toed varieties. But the three-toed ones collected by Oden and Olivia Meecker of Chicago and shipped to the zoo are the more rare specimens.

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NEWCOMER—This three-toed sloth was recently received at the Chicago Park District's Zoo in Lincoln Park. It is often referred to as the "upside down" animal and is the "A?" of crossword puzzles.